

**In-Home Supportive Services/Public Authority  
Provider Application Instructions**

1. Complete *ALL* areas of Independent Provider (IP) application.
2. Return completed application to:

**Placer County Public Authority  
11512 B Avenue  
Auburn, CA 95603**
3. Complete Live Scan Request Form. Complete **ONLY** the “Applicant Information” section. This form is necessary for your fingerprint and background clearance.
  - a. Choose the Live Scan facility of your choice – either from the facilities provided (attached) or any CERTIFIED Live Scan facility. You ***MUST BRING THE LIVE SCAN FORM WITH YOU TO THE LIVE SCAN FACILITY.*** The code number on the form is very important as it tells the Department of Justice (DOJ) where to send your results.
  - b. You must pay your own Live Scan and background fees.
  - c. Once you have completed your Live Scan, send a copy of the completed Live Scan form to the Public Authority and keep a copy and the receipt for your own records.
  - d. **Once the Public Authority receives your Live Scan results stating that you have cleared your fingerprint and background check we will contact you to schedule the Provider Orientation. *It is not necessary for you to contact this office regarding your results.* Please be advised that this process could take a while.**
4. Upon completion of the Provider Orientation we will check your work and personal references. Once we have completed checking your references we will contact you again to schedule a “one-on-one” interview.
5. After completing the one-on-one interview your information will be entered into our Public Authority database. Providing there are no pending issues, we will then send you a letter informing you that you are now listed with the Public Authority Registry.



PLACER COUNTY IN-HOME SUPPORTIVE SERVICES  
**PUBLIC AUTHORITY**  
11512 B AVENUE, AUBURN, CA 95603  
(530) 886-3680

Revised 2/2012

**Independent Provider (IP) Application**

(PLEASE COMPLETE IN BLUE OR BLACK INK ONLY)

First Name:		
Middle Initial:		
Last Name:	Maiden or other:	
Home Phone and Area Code:		
Cell Phone and Area Code:		
Message Phone and Area Code:		
Mailing Address:	Physical Address:	
City:	State:	Zip:
Social Security Number:		
Date of Birth:		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Drivers License Number:		Expiration Date:
California ID Number:		Expiration Date:
Proof of Auto Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Name:		Relationship:
Emergency Contact Phone Number with area code:		

**Days and Hours of Availability (Check all that apply)**

Mornings:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Afternoons:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Evenings:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
<b>Number of hours per week you would like to work?</b>							

Give short-term respite?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Client preference?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Either
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drive client car?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Form of transportation?	<input type="checkbox"/> Bus <input type="checkbox"/> Car	Will you work?	<input type="checkbox"/> Holidays <input type="checkbox"/> Overnight <input type="checkbox"/> On-call <input type="checkbox"/> 1-2 hrs
Read/Write English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work for a consumer with pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you work for a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Geographic Preference

<input type="checkbox"/> Alpine Meadows	<input type="checkbox"/> Cisco Grove	<input type="checkbox"/> Granite Bay	<input type="checkbox"/> Moorpark	<input type="checkbox"/> Roseville
<input type="checkbox"/> Alta	<input type="checkbox"/> Clipper Gap	<input type="checkbox"/> Homewood	<input type="checkbox"/> Newcastle	<input type="checkbox"/> Sheridan
<input type="checkbox"/> Applegate	<input type="checkbox"/> Colfax	<input type="checkbox"/> Iowa Hill	<input type="checkbox"/> Norden	<input type="checkbox"/> Squaw Valley
<input type="checkbox"/> Auburn	<input type="checkbox"/> Dutch Flat	<input type="checkbox"/> Kings Beach	<input type="checkbox"/> Northstar	<input type="checkbox"/> Tahoe City
<input type="checkbox"/> Baxter	<input type="checkbox"/> Elverta	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Olympic Valley	<input type="checkbox"/> Tahoma
<input type="checkbox"/> Blue Canyon	<input type="checkbox"/> Emigrant Gap	<input type="checkbox"/> Loomis	<input type="checkbox"/> Ophir	<input type="checkbox"/> Weimar
<input type="checkbox"/> Bowman	<input type="checkbox"/> Foresthill	<input type="checkbox"/> Meadow Vista	<input type="checkbox"/> Penryn	
<input type="checkbox"/> Carnelian Bay	<input type="checkbox"/> Gold Run	<input type="checkbox"/> Michigan Bluff	<input type="checkbox"/> Rocklin	

## Type of Work Desired

<input type="checkbox"/> Domestic Services	<input type="checkbox"/> Menstrual Care
<input type="checkbox"/> Preparation of Meals	<input type="checkbox"/> Ambulation
<input type="checkbox"/> Meal Clean Up	<input type="checkbox"/> Moving In/Out of Bed
<input type="checkbox"/> Routine Laundry	<input type="checkbox"/> Bathing, Oral Hygiene, Grooming
<input type="checkbox"/> Shopping for Food	<input type="checkbox"/> Rubbing Skin - Repositioning
<input type="checkbox"/> Other Shopping & Errands	<input type="checkbox"/> Care & Assistance with Prosthesis **
<input type="checkbox"/> Heavy Cleaning	<input type="checkbox"/> Accompaniment to Medical Appointments
<input type="checkbox"/> Respiration	<input type="checkbox"/> Accompaniment to Alt. Resources
<input type="checkbox"/> Bowel & Bladder Care	<input type="checkbox"/> Protective Supervision
<input type="checkbox"/> Feeding	<input type="checkbox"/> Paramedical Services
<input type="checkbox"/> Routine Bed Baths	<input type="checkbox"/> Hoyer Lift
<input type="checkbox"/> Dressing	<input type="checkbox"/> Slide Board

**\*\* A prosthesis is anything other than the consumer's natural body, e.g. eyeglasses, dentures, cane, etc.**

## Willing to Work With

<input type="checkbox"/> Children	<input type="checkbox"/> Elderly	<input type="checkbox"/> Terminally Ill
<input type="checkbox"/> Consumers Using Oxygen	<input type="checkbox"/> Memory Problems	<input type="checkbox"/> Women
<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Men	

## YOUR Ethnicity (Optional)

<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian	<input type="checkbox"/> Latino	<input type="checkbox"/> Other

## Language(s) YOU SPEAK

<input type="checkbox"/> American Sign	<input type="checkbox"/> Farsi	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Arabic	<input type="checkbox"/> French	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Italian	<input type="checkbox"/> Romanian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian	<input type="checkbox"/> OTHER:
<input type="checkbox"/> English	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish	

Have you ever been convicted of a felony or misdemeanor charge? ☐ Yes ☐ No

If “yes”, please list below all convictions since your 18<sup>th</sup> birthday.

Offense Date	Place of Conviction	Sentence	Release Date

Other facts you would like considered:

You will be required to complete a *Live Scan Fingerprint Clearance* BEFORE you are accepted on the Registry. The REQUEST FOR LIVE SCAN SERVICE form is attached to this application along with a list of suggested facilities. Complete the REQUEST FOR LIVE SCAN FORM, filling in *only* the “Applicant Information” portion. Take the form with you to the facility of your choice. The facility will give you a copy of the completed Live Scan form for your records. You will need to supply the Public Authority with a copy also.

**NOTE:** Placer County does NOT pay these fees. Our office will be informed of the results of your Live Scan. You will be notified by the Public Authority when this process is complete.

Have you attended a Placer County IHSS Provider Orientation in the last six months?

☐ Yes ☐ No

Have you viewed the State required video at one of our orientations? ☐ Yes ☐ No

List any training you have had related to In-Home care:

Certificates or Licenses you possess:

<input type="checkbox"/> First Aid	Expires:
<input type="checkbox"/> CPR	Expires:
<input type="checkbox"/> C.N.A.	Expires:
<input type="checkbox"/> CHHA	Expires:
<input type="checkbox"/> Other	Expires:
<input type="checkbox"/> Other	Expires:
<input type="checkbox"/> Other	Expires:

Have you had previous experience providing In-Home care?

Yes ☐ No ☐

Are you currently working as an IHSS Provider?

Yes ☐ No ☐

Have you graduated high school or passed the high school equivalency test?

Yes ☐ No ☐

**THE FOLLOWING SECTION MUST BE COMPLETED EVEN IF ATTACHING A RESUME.  
Please provide 3 WORK REFERENCES– Begin with most recent job (Please DO NOT use relatives)**

FROM   TOTAL: YR.	TO   MO.	JOB TITLE:		EMPLOYER:	
		CONTACT PERSON & AREA CODE & <b>PHONE NUMBER</b> :		ADDRESS:	
		HOURS PER WEEK:	REASON FOR LEAVING:		
DUTIES:					

  

FROM   TOTAL: YR.	TO   MO.	JOB TITLE:		EMPLOYER:	
		CONTACT PERSON & AREA CODE & <b>PHONE NUMBER</b> :		ADDRESS:	
		HOURS PER WEEK:	REASON FOR LEAVING:		
DUTIES:					

  

FROM   TOTAL: YR.	TO   MO.	JOB TITLE:		EMPLOYER:	
		CONTACT PERSON & AREA CODE & <b>PHONE NUMBER</b> :		ADDRESS:	
		HOURS PER WEEK:	REASON FOR LEAVING:		
DUTIES:					

**Personal References –TWO ARE REQUIRED (Please DO NOT use relatives):**

NAME:	PHONE NUMBER	YEARS ACQUAINTED:
	RELATIONSHIP:	ADDRESS:

  

NAME:	PHONE NUMBER	YEARS ACQUAINTED
	RELATIONSHIP	ADDRESS:

**I authorize the Public Authority to verify any information contained in this application.** ☐ Yes ☐ No  
(A “no” answer to this question will automatically exclude you from acceptance to the Registry.)

I hereby certify that all statements made in connection with this application are complete and true to the best of my knowledge.

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 Signature of Applicant

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 Date

**PLEASE REVIEW YOUR APPLICATION BEFORE MAILING, IF ANY INFORMATION IS MISSING YOUR APPLICATION WILL BE RETURNED.**

**Placer County  
IHSS Public Authority Registry**

**IHSS Provider Applicant  
Release of Information Consent Form**

I \_\_\_\_\_ give permission for the Placer County IHSS Public Authority to obtain information regarding my prior work history. I understand this release of information is valid for 90 days from the date indicated below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

AA062

ORI (Code assigned by DOJ)

Elder Care

Authorized Applicant Type

IHSS Provider

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Placer County IHSS Public Authority c/o Risk Management

11476

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Sharyl Stannard

Contact Name (mandatory for all school submissions)

145 Fulweiler Avenue Ste. 100

Street Address or P.O. Box

Auburn

CA 95603

City

State ZIP Code

(530) 886-2600

Contact Telephone Number

### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

## Placer County Live-Scan Facilities

Location	Hours	Rolling Fee	DOJ Fee	Acceptable Forms of Payment
<b>AUBURN - HK2</b> #3 Capital Live Scan 2280 Grass Valley Highway Auburn, CA 95603 (530) 888-8612 <a href="mailto:jeff@capitalscan.com">jeff@capitalscan.com</a>	M-F (9am-5pm)   Wlk Sat (9am-3pm)   Appt. only : Locations Statewide, Call for quotes (877) 888-8802 * Mobile Services Available	\$20.00	\$32.00	Cash Checks Credit Cards
<b>AUBURN - G62</b> * Auburn Police Depart. 1215 Lincoln Way Auburn, CA 95603 (530) 823-4237 x 501 <a href="mailto:lmontgomery@auburn.ca.gov">lmontgomery@auburn.ca.gov</a>	T (9am-4pm)   Wlk or Appt. Th (1pm-4pm)   Wlk or Appt. only	\$15.00	\$32.00	Cash Cashier's Check Checks
<b>AUBURN - 083</b> * Placer Co. Sheriff's Dept. 2929 Richardson Drive Auburn, CA 95603 (530) 889-7800	M-F(8am-5pm)   Appt. only	\$15.00	\$32.00	Cash Cashier's Check Checks Money Order
<b>AUBURN - GY2</b> The UPS Store #4149 2945 Bell Road Auburn, CA 95603 (530) 823-2422 <a href="mailto:store4149@theupsstore.com">store4149@theupsstore.com</a>	M-Sat (8am-6pm) Wlk	\$25.00	\$32.00	Cash Cashier's Check Credit Cards
<b>LOOMIS - 379</b> * Placer Co. Sheriff's Dept. 6140 Horseshoe Bar Road, Ste. D Loomis, CA 95650 (916) 652-2400	M-Th (8am-2pm)   Appt. only	\$10.00	\$32.00	Cash Checks
<b>ROCKLIN - HL2</b> #2 Capital Live Scan 5175 Meyers Street Rocklin, CA 95677 (916) 604-6919 <a href="mailto:jeff@capitallivescan.com">jeff@capitallivescan.com</a>	M-F (9am-5pm) Wlk ; Saturday Appt. only; Locations Statewide, Call for quotes (877) 888-8802	\$ 15.00	\$32.00	Cash Credit Cards
<b>ROCKLIN - S79</b> 5 Star Fingerprinting 6721 Five Star Blvd, Suite #B Rocklin, CA 95677 (916) 630-7827 <a href="mailto:5starfingerprinting@fastkat.com">5starfingerprinting@fastkat.com</a>	M-Sun Appt. only Including Holidays Services and Group Discounts in Placer County.	\$10.00 - \$25.00	\$32.00	Cash Cashier's Check Checks Money Order



<b>ROCKLIN - J25</b> Advantage Identification Services 5800 Stanford Ranch Road, Building 700 Suite #720 Rocklin, CA 95765 (916) 435-4886 <a href="mailto:christinechrisman@yahoo.com">christinechrisman@yahoo.com</a>	24 Hours 7 Days a week.   Appt. only Mobile Services Available,   Appt. only Call for Mobile Service and Group discount rates. Mobile Service * Mobile Services Available	\$15.00	\$32.00	Billing Accounts Cash Checks Credit Cards Debit Cards
<b>ROCKLIN - R99</b> * Rocklin Police Depart. 4080 Rocklin Road Rocklin, CA 95677 (916) 625-5400	Tu - F (9am-3pm)   Appt. only	\$10.00	\$32.00	Cash Checks Debit Cards
<b>ROCKLIN - N06</b> Sunset Notary Services 5712 Jersey Drive Rocklin, CA 95765 (916) 316-9906 <a href="mailto:sunsetnotary1@aol.com">sunsetnotary1@aol.com</a>	7 days a week   Appt. only Mobile services available for large groups. Mobile Service * Mobile Services Available	\$15.00	\$32.00	Billing Accounts Cash Cashier's Check Checks Debit Cards Money Order
<b>ROSEVILLE - S16</b> * Roseville Police Dept. 1051 Junction Blvd Roseville, CA 95678 (916) 746-1039 <a href="mailto:livescan@roseville.ca.us">livescan@roseville.ca.us</a>	T-F (9am-6pm)   Wlk Sat   Appt. only	\$15.00	\$32.00	Cash Checks Debit Cards
<b>ROSEVILLE - KM2</b> The UPS Store # 4462 1079 Sunrise Avenue, Suite B Roseville, CA 95661 (916) 780-4544 <a href="mailto:store4462@theupsstore.com">store4462@theupsstore.com</a>	M - F 8:30am - 6:30pm Wlk Saturday 10am - 4pm Appt. only * Mobile Services Available	\$ 17.00	\$32.00	Cash Cashier's Check Credit Cards Money Order
<b>TAHOE CITY - 281</b> * Placer Co. Sheriff's Dept./Tahoe 2501 North Lake Blvd Tahoe City, CA 96145 (530) 581-6300	T-Th (10am-1:30pm)   Appt. only	\$10.00	\$32.00	Cash Checks